


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000007427	
Entity Name QUALITY AUTOMOTIVE SERVICE CENTERS, INC.	

Principal Place of Business 4103 W ALVA TAMPA, FL 33614	Mailing Address 4103 W ALVA TAMPA, FL 33614
--	--



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3625359	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LARSON, ROBERT 4103 W ALVA ST TAMPA, FL 33614

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) **DATE** _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	OVST ROBERTS, JOHN 4615 N LOIS AVENUE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP LARSEN, ROBERT 4103 W ALVA TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

U00000497509
04/22/06-80053-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Larsen **ROBERT LARSEN**

4/6/06 (813) 876-1551